

Check List: Please be sure to include the following items.

- ☐ DSS-SE-408 Application and Agreement for Child Support Services. This document has 4 sections which requires your signature. One of your signatures must be notarized. Sign this section in the presence of a Notary Public.
- ☐ DSS-SE-481 Financial Statement. You must sign this document in the presence of a Notary Public.
- ☐ Affidavit in Support of Establishing Paternity. If you have more than one child with the mother, a separate sheet is required for each child. Sections I and III must be completed. This document must be signed in the presence of a Notary Public.
- ☐ Verification of income (wage stubs, tax return)
- ☐ \$5 application fee. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

DCS #: _____

FOR OFFICE USE ONLY

Request Date: _____

Date 408 Sent: _____

Date 408 Received: _____

APPLICATION AND AGREEMENT FOR CHILD SUPPORT SERVICES

Please print or type your answers. Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail completed application with appropriate attachments and the \$5.00 application fee to your nearest Division of Child Support (DCS) office.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for help. *Incomplete applications will be returned.*

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? ☐ Yes ☐ No

If yes, specify what type of service you require (language type, sign, etc.) _____
(Interpreter services are provided free of charge.)

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Social Security Numbers

Social Security Numbers are used by the Division of Child Support to locate individuals for purposes of establishing paternity, modifying, and enforcing child support obligations. See 42 U.S.C. § 666(a)(13). If you do not have a Social Security number or the noncustodial parent's Social Security number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

MOTHER/CUSTODIAN INFORMATION

First Name	Middle Name	Last Name	Home Telephone Number (include area code)
Residential Address (Street, City, State, Zip Code)			Maiden Name
Mailing Address (if different than above) (Street, City, State, Zip Code)			Place of Birth (City, State)
Employer Name and Address			Employer Telephone Number (include area code)
Date of Birth ____ / ____ / ____ <hr/> Social Security Number (if available) ____ / ____ / ____ <hr/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Has the mother/custodian received TANF in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s). Has the mother/custodian received child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s). Is the mother/custodian receiving child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).
Does the mother/custodian currently have an attorney or agency representing them on any matter related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does the attorney or agency know you are requesting DCS assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, name and address of attorney or agency: Name: _____ Address: _____ City, State, Zip: _____

INFORMATION ABOUT YOUR CHILD(REN)

List the full name and complete the following information for each child who lives with the mother/custodian and for whom you are seeking paternity establishment and/or an order for support. **Please use the child's name as listed on birth certificate.**

<p>_____</p> <p>First Name</p> <p>_____</p> <p>Middle Name</p> <p>_____</p> <p>Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race</u> <u>(Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>_____</p> <p>First Name</p> <p>_____</p> <p>Middle Name</p> <p>_____</p> <p>Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race</u> <u>(Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>_____</p> <p>First Name</p> <p>_____</p> <p>Middle Name</p> <p>_____</p> <p>Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race</u> <u>(Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>_____</p> <p>First Name</p> <p>_____</p> <p>Middle Name</p> <p>_____</p> <p>Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race</u> <u>(Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Your relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>

APPLICANT/NONCUSTODIAL PARENT INFORMATION

First Name	Middle Name	Last Name	Home Telephone Number (include area code)
Residential Address (Street, City, State, Zip Code)			
Mailing Address (if different than above) (Street, City, State, Zip Code)			
List states which have lived in:			
Date of Birth ____ / ____ / ____ Social Security Number (if available) ____ / ____ / ____ _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Are you in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive any monthly benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Place of Birth:	Height:	Weight:	
Eye Color:	Hair Color:	Any distinguishing features:	
What are the name/addresses of your parents?		Do you pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the state(s).	
Your Mother's Maiden Name			
Name and address of current or past employer:		Employer Telephone Number (include area code) Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you last work there?	
What is your usual occupation?		Name and Address of Financial Institution: Account Number:	

HEALTH INSURANCE INFORMATION

Do any of the child(ren) receive medical assistance (Medicaid or T19) or CHIP? ☐ Yes ☐ No

If yes, please list those child(ren): _____

Please list the child(ren) which have private health insurance coverage or Indian Health Service (IHS) coverage:

Name of Child Covered	Insurance Coverage Start Date End Date	Name and Address of Insurance Co	Policy/Group # Insurance Type	Name of Policy Holder
_____	___/___/___ ___/___/___		# _____ <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other	
_____	___/___/___ ___/___/___			
_____	___/___/___ ___/___/___			

Monthly Cost for the Insurance: \$ _____ Total Number of persons covered under this policy: _____

INFORMATION ABOUT YOUR LEGAL STATUS WITH THE MOTHER/CUSTODIAN

What is your current relationship with the mother?

☐ Never Married ☐ Divorced ☐ Legally Separated ☐ Separated without legal document

Date married to the mother: _____ Place of Marriage (City/State): _____

Has a court ever issued an order adjudicating or establishing:

1. Paternity: ☐ Yes ☐ No

If yes, date of order: _____

Docket number: _____

County and State order entered in: _____

2. Custody: ☐ Yes ☐ No

If yes, date of order: _____

Docket number: _____

County and State order entered in: _____

You must complete a Financial Statement (SE481).

REQUESTED SERVICES

Please indicate the service or services you are requesting from DCS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Establish paternity and a support order for a child who was not born during the marriage of the mother and father. (Complete a paternity questionnaire if you and the mother have not signed an acknowledgement of paternity or paternity affidavit or genetic testing has not been completed. If you are currently not providing health insurance coverage, DCS may enter an order requiring the you to obtain health insurance if it is available through your employment.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Establish a child support order. (If you are currently not providing health insurance coverage, DCS may enter an order requiring the you to obtain health insurance if it is available through their employment.)

UNDER THE PENALTY OF PERJURY I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant's Signature/Date

AGREEMENT FOR CHILD SUPPORT SERVICES

This is an Agreement between you and the South Dakota Department of Social Services, Division of Child Support (DCS) for child support services.

When you sign the Agreement, complete the application and pay the \$5.00 application fee for services, DCS will establish paternity and/or enter an order for child support in accordance with both the law and our policies. Depending on your circumstances and the amount of information you provide, DCS may be able to help you:

- Locate the mother/custodian.
- Establish paternity if the child was not born during the marriage of the mother and father.
- Establish a child support order. In the process, DCS will ask you maintain a health insurance policy for the children if the mother does not have adequate health insurance.

Once we accept your case, the DCS will evaluate your circumstances and then proceed based on that evaluation. **Generally, we will not provide advance notice to you of each step we take.** Therefore, you must keep us informed of the status of your case. This means that you must give us prior notice **before** entering into any agreement, waiver, stipulation or modification that would affect your child support and you must provide us with copies of these papers.

You must notify us when you move or change your phone number (at work or at home) so we will be able to reach you without delay. You must cooperate with DCS and always provide accurate information to the best of your ability.

Please call the DCS office for an appointment if you wish to see your child support investigator.

DCS cannot:

- Get involved in visitation, custody or property settlement issues, whether in a divorce action or any other legal proceeding.
- Provide child support services directly to you if you are a child seeking support from your parents. Your legal guardian or custodian, however, may seek assistance from us on your behalf.

OTHER CONSIDERATIONS

The DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the mother/custodian is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation.

A DCS attorney represents the Department of Social Services, Division of Child Support (DCS). If the DCS assigns an attorney to your case, the attorney will attempt to enforce your interests in establishing child support, as well as those of the Department of Social Services. An attorney/client relationship is not created between yourself and the DCS attorney.

ADMINISTRATIVE COMPLAINT PROCEDURES

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence that an error has occurred or an action should be taken on their case. To obtain a review, a recipient may contact the assigned DCS investigator with the complaint in an attempt to informally resolve the same.

A recipient may also submit a written complaint to the DCS specifying the nature of the complaint and the action requested to be taken by the DCS. Upon receipt of the written complaint, the DCS shall conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS shall advise the recipient either orally or in writing of any action taken to resolve the complaint.

A recipient is also entitled to request a fair hearing as allowed by law.

PROTECTING YOUR PRIVACY

DCS protects the safety and privacy of its customers to the extent permitted by law. Sometimes in handling a case, it is necessary to provide information from a case file to other agencies or persons who work cooperatively with us (attorneys, court personnel, other states child support enforcement agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support services to you. Confidentiality and privacy of personal information are protected under state and federal laws and regulations. Agreements between DCS and other agencies govern our sharing of information and require adherence to the confidentiality and privacy laws.

PROTECTION ORDERS: The DCS is prohibited from releasing information on the whereabouts of one party to another party when a protection order has been entered by the court. If you have a protection order in place, please provide a copy with this application. If you obtain a protection order in the future, you must notify the DCS at that time.

SOCIAL SECURITY NUMBER: When we provide services to you, we must use your Social Security number and the Social Security number of your children. Therefore, you should understand that by signing this Agreement, you are authorizing the use of Social Security numbers as an identifier for all child support purposes.

YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT: You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing.

OUR RIGHT TO WITHDRAW FROM THIS AGREEMENT

The DCS may also terminate this Agreement and close your case. We will immediately do so if you apply for child support services or public assistance in another state. The DCS will provide a Notice of Intent to Terminate Services for the following reasons:

- The mother/custodian is deceased and no further action can be taken.
- Paternity cannot be established as the child is 18 or genetic tests excluded the alleged father.
- The DCS has determined that further efforts are not in the best interest of the child.
- The DCS has not been able to locate the mother over a period of 3 years or 1 year if there is not sufficient information to initiate an automated locate effort.
- The mother/custodian is in a foreign country and we have no jurisdiction.
- The DCS has documented that you have not cooperated with the DCS.
- The DCS has been unable to contact you within 60 calendar days despite an attempt of at least one letter sent by first class mail to the last known address.

You are required to make all child support payments to DCS for proper accounting of payments. Failing to make child support payments to the DCS **shall** result in termination of this agreement.

Approved by applicant: _____
Signature Date

CONFLICTING INTERESTS

State and Federal law, as well as policies and procedures adopted by the DCS, govern all of the child support services that we offer. This means that the DCS has to decide what services may be available and best suited to your case. In some situations, these laws and procedures may mean that we handle your case in a different way than you would like.

If the DCS becomes aware of conflicting interests in your case, we will notify you and try to resolve the issues. If the issues cannot be worked out satisfactorily, the DCS will be unable to provide services to you and the Agreement will be terminated.

I have read and understand this Agreement. I have received the Child Support Handbook. I agree to abide by all of the terms and conditions as stated.

Signature Date

LIMITED POWER OF ATTORNEY

When we are providing services to you, we must have the authority to sign papers, act on your behalf, cash checks from you and send that money to the mother/custodian. For the DCS to take these steps, we need your authorization, commonly referred to as a Limited Power of Attorney. Without this authority, we cannot work on your case effectively. Please sign below, indicating that you grant the DCS a Limited Power of Attorney.

I _____ hereby grant the DCS a Limited Power of Attorney to act for me and in my name.
This power includes the authority to sign papers and receive and endorse any and all cash, checks, money orders, or bank drafts representing child support payments

Your Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission expires: _____

(SEAL)

Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to attach a copy of your most recent Federal Income Tax Return, your most recent paycheck stub, and have the financial statement notarized and return after completion.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

PHONE: HOME () _____

WORK () _____

CURRENT MARITAL STATUS: _____

BANK NAME _____

CHECKING ACCOUNT #: _____

ADDRESS _____

SAVINGS ACCOUNT #: _____

OTHER _____

EMPLOYMENT INFORMATION

EMPLOYER: _____

DATES EMPLOYED: FROM: _____

EMPLOYER ADDRESS: _____

TO: _____

EMPLOYER'S PHONE: _____

OCCUPATION: _____

RATE OF PAY: \$ _____ PER _____ HOURS WORKED PER WEEK: _____ TIPS: \$ _____ PER _____

GROSS MONTHLY INCOME

1. \$ _____ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. \$ _____ Gain or profit from a business or profession (self-employment)
3. \$ _____ Pension, retirement, disability, veterans, social security or insurance payments
4. \$ _____ Interest, dividends, rentals, royalties or other gain
5. \$ _____ Gain from sale, trade or conversion of capital assets
6. \$ _____ Unemployment insurance and workers compensation benefits
7. \$ _____ Benefit in lieu of compensation including, but not limited to, military pay allowances.
8. \$ _____ Other income (including Spousal Support received). Explain _____
9. \$ _____ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

ALLOWABLE DEDUCTIONS

10. \$ _____ Income tax based on one withholding allowance for a single taxpayer (NOT actual number of dependents)
11. \$ _____ Social Security and Medicare taxes withheld from wages or salary
12. \$ _____ Contributions to an IRS qualified retirement plan not exceeding 10% of gross income
13. \$ _____ Unreimbursed employee business expenses (Attach IRS form 2106)
14. \$ _____ Payments made on support orders OTHER THAN FOR THE CHILDREN IN QUESTION IN THIS PROCEEDING (Attach court order & evidence of payments)
15. \$ _____ Payments made for Spousal Support
16. \$ _____ **TOTAL DEDUCTIONS** (add lines 10 through 15)

17. \$ _____ **NET MONTHLY INCOME** (Line 9 minus line 16)

HEALTH INSURANCE INFORMATION

Do you have health insurance available for dependents through your employer? _____

If you provide medical or dental insurance for your child(ren) please complete the following:

Name of the Health and/or Dental Insurance Company: _____

Address of the Health and/or Dental Insurance Company: _____

Policy Number of the policy: _____ Total monthly cost for the insurance: _____

Persons covered under the policy of insurance: _____

If you can identify the exact amount of the premium each month that is solely for the child(ren) in this matter, please specify that amount. \$ _____

Please attach to this page a copy of any health insurance or dental insurance cards that provide coverage to the child(ren).

ASSET INFORMATION

List assets, value and location including but not limited to vehicles, boats, hunting/fishing gear, sporting goods, real estate, depository accounts (with name, address, and account number of each), cash value of insurance policies, jewelry, securities, and any other property of any kind. If any property has a balance owed against it, list the full value of property in the Market Value Column. List the debt or balance owed separately.

Description & Location of Item	Market Value	Debt/Balance Owed

STATE OF SOUTH DAKOTA)

)

COUNTY OF _____)

_____, being first duly sworn, on oath, deposes and says that he/she is the above named parent who completed this financial statement, that he/she has read the foregoing financial statement and knows the contents thereof, and that to the best of his/her knowledge, information, and belief found after reasonable inquiry it is true and correct.

Signature of parent above named

Subscribed and sworn to before me this ____ day of _____, ____.

(SEAL)

Notary Public, South Dakota

My commission expires

Federal Income Tax Table
For Single Persons with 1 Withholding Allowance
For Wages Paid in 2006

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
\$0	500	0
500	520	1
520	540	3
540	560	5
560	580	7
580	600	9
600	640	12
640	680	16
680	720	20
720	760	24
760	800	28
800	840	32
840	880	36
880	920	40
920	960	44
960	1000	48
1000	1040	52
1040	1080	56
1080	1120	60
1120	1160	66
1160	1200	72
1200	1240	78
1240	1280	84
1280	1320	90
1320	1360	96
1360	1400	102
1400	1440	108
1440	1480	114
1480	1520	120
1520	1560	126
1560	1600	132
1600	1640	138
1640	1680	144
1680	1720	150
1720	1760	156
1760	1800	162
1800	1840	168

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
1840	1880	174
1880	1920	180
1920	1960	186
1960	2000	192
2000	2040	198
2040	2080	204
2080	2120	210
2120	2160	216
2160	2200	222
2200	2240	228
2240	2280	234
2280	2320	240
2320	2360	246
2360	2400	252
2400	2440	258
2440	2480	264
2480	2520	270
2520	2560	276
2560	2600	282
2600	2640	288
2640	2680	294
2680	2720	300
2720	2760	306
2760	2800	312
2800	2840	318
2840	2880	324
2880	2920	330
2920	2960	336
2960	3000	344
3000	3040	354
3040	3080	364
3080	3120	374
3120	3160	384
3160	3200	394
3200	3240	404
3240	3280	414
3280	3320	424

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
3320	3360	434
3360	3400	444
3400	3440	454
3440	3480	464
3480	3520	474
3520	3560	484
3560	3600	494
3600	3640	504
3640	3680	514
3680	3720	524
3720	3760	534
3760	3800	544
3800	3840	554
3840	3880	564
3880	3920	574
3920	3960	584
3960	4000	594
4000	4040	604
4040	4080	614
4080	4120	624
4120	4160	634
4160	4200	644
4200	4240	654
4240	4280	664
4280	4320	674
4320	4360	684
4360	4400	694
4400	4440	704
4440	4480	714
4480	4520	724
4520	4560	734
4560	4600	744
4600	4640	754
4640	4680	764
4680	4720	774
4720	4760	784
4760	4800	794

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner

IV-D Case:

☐

TANF

☐

IV-E Foster Care

☐

Medicaid Only

☐

Former Assistance

☐

Never Assistance

Respondent

Non-IV-D Case:

☐

FILE STAMP

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

A Separate Affidavit is Required for Each Child Needing Paternity Established

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:

Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named above:
☐ natural father
☐ other; explain in Section IV

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Day, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain)	Where Mother Got Pregnant (City, County, State)
		Mother's Maiden Name

2. The child was conceived as a result of sexual intercourse between _____ and me during the time state above.
Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. ☐ Yes (attach certified copy) ☐ No
If Yes, the man's name and address are:

- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ Yes ☐ No
If Yes, the man's name and address are: Date marriage ended _____
(Month, Day, Year)

- c. A man signed the acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. ☐ Yes (Attach certified copy) ☐ No

- d. A man acted as and presented himself to be the child's father. ☐ Yes ☐ No
If Yes, the man's name and address are:

- e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. ☐ Yes ☐ No

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☐ No
(If Yes, complete the following.)
 - a. The name(s) and address(es) of the other man/men:
 - b. The other man/men are biologically related to the man I am naming as the child's natural father.
☐ Yes ☐ No If Yes, state the biological relationship (e.g. brother, cousin, uncle, etc)
 - c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. ☐ Yes ☐ No (If Yes, complete the following.)
 - a. Husband's name (First, Middle, Last) and last known address:
 - b. State why husband is not the father of this child occurred within a year of the end of including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child. The following facts
Name (First, Middle, Last)
support my allegations of paternity:
 - a. We lived together. ☐ Yes ☐ No Dates: _____ to _____
Location: _____
 - b. I have told welfare officials that he is the father of this child. ☐ Yes ☐ No
 - c. I told him that he was the father of the child. ☐ Yes ☐ No
 - d. He is named as the father on the birth certificate. ☐ Yes ☐ No ☐ Certified Copy Attached
 - e. He signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. ☐ Yes ☐ No ☐ Certified Copy Attached
 - f. He admitted being the father of the child. ☐ Yes ☐ No
 - g. He sent cards/letters regarding the pregnancy and/or about the child. ☐ Yes ☐ No ☐ Copies Attached
 - h. He was present at the birth of the child. ☐ Yes ☐ No
 - i. He visited the child at the hospital following birth. ☐ Yes ☐ No
 - j. He offered to pay abortion expenses. ☐ Yes ☐ No
 - k. He offered to pay medical expenses. ☐ Yes ☐ No
 - l. He paid for birth related expenses. ☐ Yes ☐ No
 - m. He claimed the child on tax returns. ☐ Yes ☐ No
 - n. He has provided food, clothing, gifts, or financial support for the child. ☐ Yes ☐ No If Yes, explain in Section IV.
 - o. He lived with the child. ☐ Yes ☐ No If Yes, explain in Section IV.
 - p. He visited the child. ☐ Yes ☐ No If Yes, explain in Section IV.
 - q. The child resembles him. ☐ Photo attached ☐ Yes ☐ No If Yes, explain in Section IV.
 - r. There are witnesses to my relationship with him. ☐ Yes ☐ No

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 3

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | |
|--|------------------------------|-----------------------------|--|
| a. The mother and I lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates: _____ to _____
Location: _____ |
| b. The mother told me that I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. I offered to pay abortion expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. I offered to pay medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| k. I have provided food, clothing, gifts, or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| l. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| m. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| n. The child resembles me. <input type="checkbox"/> Photo attached. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| o. There are witnesses to my relationship with the child's mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV – OTHER PERTINENT INFORMATION (including detailed explanations for “YES” responses in Section II or Section III above)

☐ Continued on Attached Sheet(s), incorporated by reference

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date

Signature

Sworn to and Signed before me
this Date, County, and State

Notary Public/Official and Title

Commission Expires